

ISSUE DATE STAPLE AREA (for additional correspondence)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	PS		3/3
O.I.P.E. CLASSIFIER			5 2-4-99
FORMALITY REVIEW	JB	10303	3-10 1528

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
— (Through numeral) Canceled A Appeal
-+ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	3/3
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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